They are not listening to our commonsense proposals any more than they are listening to the concerns of the American people.

In fact, listening to the proponents of these plans, one gets the sense they are more concerned about their legacies than what the American people actually want. ''This is the moment'' . . . ''Be a part of history . . .'' These are the kinds of things they say to each other about health care reform. Here is an idea: How about asking the American people what they want instead?

Everyone wants reform. I have said so almost every day on the floor for months. But a 1,000-page, trillion-dollar bill that cuts Medicare by half a trillion dollars, raises taxes on virtually everyone, raises premiums, and limits the health care choices Americans now enjoy is not the kind of reform Americans want. And what matters more than that?

The views of the American people are relevant in a debate about legislation that will have a profound and lasting effect on their lives. And these same Americans overwhelmingly oppose the 1,000-page, trillion-dollar plans they have seen from the administration and Congress. They have been saying so for months.

Take the issue of cost. One of the things Americans are concerned about is how much this legislation will cost. They are asking the question. They are not getting a straight answer.

We have seen a lot of numbers thrown around. As I have already noted, yesterday we got another one from the CBO. It doesn't tell the whole story. The fact is, the bill it is referring to will never see the light of day. That is because the real bill will soon be cobbled together in a secret conference room somewhere in the Capitol by a handful of Democratic Senators and White House officials.

The other numbers we have seen are intended to explain how much this bill will cost over 10 years. What most people do not realize is that the new plans would not go into effect for another 4½ years. So what is being sold as a 10-year cost is really a 5½ year cost. That means you can take the numbers you are getting and nearly double them.

Here is what we know about the true cost of the three bills we have seen so far: The Budget Committee has determined that the Finance Committee Bill, as introduced, will cost $1.8 trillion over 10 years, and we do not expect it to get any better from here on out. The HELP Committee bill will cost $2.2 trillion over 10 years. And the House bill will cost $2.4 trillion over 10 years. So the average cost of these bills, when fully implemented, is more than $2 trillion.

Americans are concerned about all this spending. They want straight answers. Advocates of the administration's health care proposal seem to think that the bigger the proposal, the more complicated, the more expensive, the better. That is not what the American people think. They are making it clear. It is about time we listen.

I yield the floor.

RESERVATION OF LEADER TIME

The ACTING PRESIDENT pro tempore. Under the previous order, the leadership time is reserved.

MORNING BUSINESS

The ACTING PRESIDENT pro tempore. Under the previous order, the Senate will proceed to a period of morning business for up to 1 hour, with Senators permitted to speak therein for up to 10 minutes each, with the time equally divided and controlled between the two leaders or their designees, with the Republicans controlling the first half and the majority controlling the final half.

The Senator from Tennessee.

Mr. ALEXANDER. Mr. President, would the Chair please advise when I have consumed 9 minutes.

The ACTING PRESIDENT pro tempore. The Chair will so advise.

HEALTH CARE REFORM

Mr. ALEXANDER. Mr. President, I congratulate the Republican leader for his comments. If it weren't so serious, he and I and the Senator from Texas would probably all be amused to hear the Democratic leader come here day after day and say the Republicans don't have a health care plan and then attack our plan. That is typical of the kind of talk we are getting about health care reform from the Democratic side. We are getting double-talk.

It reminds me, a few years after I was Governor of Tennessee—it must have been the early 1990s—I was driving along in Nashville as a private citizen. I had the radio on. It might have been an Arkansas radio station, but I think it was a Nashville station. The announcer said: Big news. The Tennessee legislature has passed a new law creating a Medicaid program called TennCare. Here is what it will do. It will cover twice as many people for the same amount of money.

Everybody was happy about that. Nobody had to raise taxes. Nobody had to pay any more money. Twice as many people get health care. I remember what went through my mind: I bet that doesn't happen. That sounds too good to be true.

The same idea went through my mind when I picked up a paper this morning and read: The Senate Finance Committee has finished its work. We are going to give 29 million more Americans health care. It is going to cost hundreds of billions of dollars more, and it is going to reduce the Federal deficit all at once. What went through my mind was: That sounds too good to be true. It sounds like the TennCare story.

Let's remind ourselves what the Republican leader said a minute ago. The focus is reducing cost. We all know there are people who don't have health care and who need it. We would like to extend it to them. But we can't afford to do that until we reduce the cost of the health care we have. It is going to bankrupt us as individuals if we don't reduce the cost of our health care premiums. It is going to bankrupt our government if we don't stop the growth of health care. Our first goal is reducing cost, which is why the Republican plan for health care is to take several commonsense steps in the right direction—reducing cost—that will get us where we want to go. We have said those on the floor time after time after time.

They include allowing small businesses to pool their resources so they can offer insurance to more of their employees. They include taking steps to stop junk lawsuits against doctors, which are driving up malpractice premiums and causing problems for patients. For example, many women who are pregnant in rural West Tennessee counties have to drive all the way to Memphis to see a doctor because doctors would not practice there anymore because of the high cost of medical malpractice premiums, which is driving up the cost of health care. We could create exchanges in each State so people could shop for individual insurance. We could allow people to buy their insurance across State lines. We all believe that if we did a better job of encouraging technology, we could reduce cost and reduce paperwork. All doctors and nurses and medical assistants know that.

Those are five steps we could take together to reduce cost, and we could begin to add to our rolls the 11 or 12 million people who are already eligible for programs we have today. That would make a big difference.

Instead, what our friends on the other side want to do is transform the system at a cost of closer to $1.6 to $1.8 trillion, when fully implemented. The question will be, Will it reduce our costs? That is why we want to read the bill. We want to know what it costs. This is not a bill. This is some pages of concepts. This is not a formal, complete estimate of its cost. That only comes when we have a bill.

We have had 8 Democratic Senators who have written to the majority leader and said what all 40 Republicans have said. The legislative text and the complete budget scores from the Congressional Budget Office that are going to be considered should be available on a Web site for 72 hours prior to the first vote. Democrats voted that down in the Finance Committee. They voted down the idea of allowing 72 hours to read a 1,000-page bill and to find out what it costs. Apparently, some Democrats are coming to their senses and saying: No, we would like to have the bill. We would like to read it. We would like to have a formal, complete score—their words—of what it costs, and then we will start voting. This is not a bill. These are concepts.

Then the majority leader is going to put this all together into another bill or create a bill. Then it will take a couple weeks to find out what that costs. We have some questions to ask in the meantime. First, we would like the Democrats to join us in step-by-step solutions to reduce cost. Next, we want to know whether it is going to reduce the cost to government and whether it will reduce the cost to each of us who is buying health insurance. As I look at the outlines, I think it might not. For example, as the Republican leader said, we know it is going to cost about twice as much as the $800 billion advertised because it doesn't start taking effect for a few years. The taxes start right away, but the benefits don't start for a few years. That is the first thing.

The second thing is, it is going to put 14 million more people into the Medicaid Program—not Medicare, this is the Medicaid Program. This is the program States operate that is paid for two-thirds by the Federal Government and a third by the States, about which all the Governors have said: If Washington is going to expand the Medicaid Program, Washington ought to pay for it. I suspect when we start asking questions, we will find Medicaid Program costs are underestimated. All the Governors think so. We had one of the most painful letters I have ever read from the Democratic Governor of Tennessee. Senator CORKER put it in the RECORD. He talked about how Tennessee's condition was similar to the condition of most States.

He said: For example, by 2013, we expect to return to our 2008 levels of revenue. We will already have cut programs dramatically. We will have to start digging out. We haven't given raises to State employees or teachers for 5 years. Our pension plans will need shoring up. Our rainy day fund will have been depleted. We would not have made any substantial investments in years. There will be major cuts to areas such as children's services.

We are going to expand a program that is already causing the State of Tennessee and most other States to go toward bankruptcy. That is the way we are going to achieve reform. That is half the reform. Most Governors who have had anything to do with the Medicaid Program say that dumping low-income Americans into the Medicaid Program, where 40 percent of the doctors would not see them, is not health care reform. Medicaid costs are underestimated.

Also, I don't think the Congressional Budget Office estimate of these concepts we saw includes what we inelegantly call the doc fix. Every year the system we have reduces payments to doctors who work on Medicare patients. So we come back and raise the amount of money. If we only pay doctors 10 years from today what we are paying them today to serve Medicare patients, it will cost $285 billion, and that is not in this bill. When we ask our questions and read the bill and find out what it costs, we will find it doesn't reduce the deficit. Even if it did, it is going to cost $1.6 or $1.8 trillion. Who is going to pay for it? Half of it is going to come from cuts in Medicare, which serves seniors. Instead of putting any savings in Medicare to strengthen that program, which is going bankrupt in 2015–2017, we are going to spend it on a new program. Eight hundred billion will come in new taxes. Our insurance premiums are likely to go up instead of down because we will all be buying new government-approved programs.

If Speaker PELOSI is successful in adding the government-run option into the bill before it finally gets through, millions of Americans will be losing their insurance because employers will be paying a fine, instead of the insurance, because their employees can go to the government program. We are going to be paying for it. If you are a Medicare beneficiary, if you pay taxes, if you are a State taxpayer, if you buy insurance, you are going to be paying for this program. So it is important for the next 3 to 4 weeks that as we debate this, we ask these questions.

Mr. President, I see the Senator from Texas on the floor, and I wonder, as I conclude my remarks, whether he has thought a little bit about whether it is going to be possible to ensure 29 million more people, spend hundreds of billions of dollars, and still reduce the deficit and reduce costs to the American people who are trying to afford their insurance premiums today.

The ACTING PRESIDENT pro tempore. The Senator from Texas.

Mr. CORNYN. Mr. President, I would respond to the distinguished Senator from Tennessee, of course not. The American people are smart. They can understand that these numbers are not going to add up. As our Republican leader said this morning, this bill that was reported in the newspaper and scored by the Congressional Budget Office yesterday will never see the light of day. So this is a work in progress.

We are committed, I think on a bipartisan basis, to reform our health care system. But the goal—and we need to keep our eye on the goal—is to bring down the cost and to cover people who currently are not covered. This bill, unfortunately, does not accomplish those goals. But we are going to keep working with our colleagues, if they will be open to our suggestions. But I have to tell you, as a member of the Finance Committee, virtually every suggestion Republicans made during the amendment process to this bill was voted down on a party-line basis.

I came to the floor to talk about one of those amendments the Senator from Tennessee mentioned, where we asked merely that the bill—once it is reduced to legislative language and the cost is determined—be put on the Internet for 72 hours. That was voted down along a party-line vote. But I thank the Acting President pro tempore and other folks on the other side of the aisle, eight of whom have written to the majority leader saying that makes sense to them. So I hope we will build a bipartisan consensus for more transparency in the debate.

I have also come to the floor to talk about how it makes no sense to cut Medicare benefits for 11 million Medicare beneficiaries who happen to be engaged in the Medicare Advantage Program in order to pay for this bill. Why would you take $½ trillion from Medicare, which is on a pathway to bankruptcy by 2017, in order to create a new government program? It can only make sense inside the beltway and if you voluntarily suspend your powers of disbelief. It does not make sense across the country. That is why it is so important to have these discussions, ask these questions, have transparency.

Today I wish to ask another question: Will the health care proposals, such as the Finance Committee proposal and others, break the President's promise of not raising taxes on families making less than $250,000 a year? Unfortunately, the Finance Committee bill does, in fact, raise taxes on families making less than $250,000 a year. So the President cannot keep his promise if we pass this particular legislation.

For example, this bill imposes a penalty on individuals who do not meet the Washington-imposed mandate that will be enforced by the Internal Revenue Service. The Internal Revenue Service is going to impose a penalty on you if you do not have health insurance that meets the Washington-imposed mandate.

According to the Joint Tax Committee, the penalty initially included in the bill would especially hit middle-class families hard. They found that at least 71 percent of the penalty would come from people earning less than $250,000 a year.

The bill also increases the penalty from 10 percent to 20 percent for Americans who use a portion of their health savings account for purposes other than qualified medical expenses. It seems to me we ought to be encouraging more people to use their health savings accounts rather than less. But as I discussed yesterday on the telephone with the CEO of Whole Foods, John Mackey, he said the health savings accounts—they call them wellness accounts, which are overwhelmingly successful and voted on every year with the satisfaction rate of some 85 percent or more by the employees of Whole Foods, headquartered in Austin, TX—will be an illegal plan under this mandate. Insurance premiums, of course, will go up in the process.

This bill also raises the floor on deductions of medical expenses to 10 percent from its current level of 7.5 percent. So you will be able to deduct less of your medical expenses if you have serious health care expenses, which means your taxes will go up. If you can deduct less, your taxes will go up.

The committee did, I would point out, consider an amendment that was

intended to bring the bill in line with the President's promise not to raise taxes on people making less than $250,000 a year, and it was voted down along party lines. Republicans were for it and Democrats were against it. This amendment would have protected families who earn less than $250,000. But, as I say, it was voted down.

In addition to imposing taxes on people the President promised not to impose taxes on, this also imposes additional so-called industry fees, which experts have said will ultimately be passed down to consumers in higher insurance costs. So instead of making insurance more affordable, this bill would actually make it less affordable and head in the wrong direction. The nonpartisan Congressional Budget Office and the Joint Tax Committee both confirmed these fees would be passed along to consumers and ultimately raise insurance premiums.

So my question for today is: Will these proposed health care reforms break the President's promise not to raise taxes on those making $250,000 or less? Unfortunately, the Finance Committee proposal, which we will now apparently vote on on Tuesday of next week, does break the President's promise.

But Republicans stand ready to work with our friends on the other side if they will accept some ideas on how to do this to bring down costs and to cover more people to make health coverage more affordable. But so far all those suggestions have been rejected along party-line votes.

Mr. President, I yield the floor.

The ACTING PRESIDENT pro tempore. The Senator from Utah.

Mr. BENNETT. Mr. President, along with my colleague, I noticed, with great interest, the headline in this morning's paper that said the Congressional Budget Office has said the health plan that is coming out of the Finance Committee will not increase the deficit. I thought: That is a little bit hard to believe. Then I looked at the details, and all of this reminded me of a scene out of an old movie. The movie is not worth talking about, but the scene is worth talking about to describe what is happening.

It was a circumstance where a spendthrift husband comes home to a frugal wife with a new car. The wife takes one look at the new car and says: Why in the world are we doing this? We can't afford a new car.

He said: No. Remember, we got that windfall. There was an inheritance that came through. We got some extra money. We can afford the new car, and it will not add—to use the terms of politicians—a dime to the deficit because we have this windfall coming in and we can spend it on the new car.

She said: Are you kidding? The roof is leaking. The college fund for the kids is empty. Our house payments are in arrears. We got that windfall. We could take care of some of these other problems. We don't need a new car.

Well, he said: We got the money and I have already spent it on the car and there is nothing you can do about it now.

As it turned out in the movie, the new car got repossessed later on because he had only made a downpayment on it, and they could not afford the payments to keep the car.

Why do I say the health care debate reminds me of this scene from the movie? The Federal debt is rising. The deficits from the regular appropriations bills are enormous. We are wallowing in red ink in the Federal Government. But this bill is not going to add to the deficit because we found $1 trillion as a way to pay for it. We found $1 trillion someplace else we can use to pay for this bill. We can buy this new car, and, OK, the roof is leaking, the college fund is gone, the house payments are in arrears, but somehow we have a trillion extra dollars that we think is best spent on the new car.

If the new car is that much better than the old car, maybe the case could be made that we should take this $1 trillion and spend it on the new car. What do we get for $1 trillion from the Baucus bill? The $1 trillion, which, if it is available to make this thing deficit-neutral, could very well be spent in balancing other budgetary problems and paying down the national debt and doing other things with it.

If we do have $1 trillion to spend here, what are we getting for it when we are spending it entirely on the Baucus bill? Well, we are getting a continuation of defensive medicine because there is no significant malpractice reform, tort reform in this bill.

In his speech to the Congress, President Obama said:

> I don't believe malpractice reform is a silver bullet, but I have talked to enough doctors to know that defensive medicine may be contributing to unnecessary costs.

I do not want to argue with the President that much because I was delighted when he said that, and I was on my feet applauding with others for that particular statement. I would say, defensive medicine not ''may be'' contributing to unnecessary costs; defensive medicine ''clearly is'' contributing to unnecessary costs. But we are not dealing with that in the Baucus bill. We are raising $1 trillion somewhere else so we can continue business as usual with respect to defensive medicine and malpractice awards within our present system. So the new car is no better than the old car. It is costing us a lot more money, but it is no better than the old car.

Are we getting coverage of the 47 million Americans whom we hear about over and over again in the debate, when they say: Well, the whole purpose we have to undertake this is because we have 47 million Americans who do not have health care coverage. Are we getting them taken care of? Do we have room for them in the new car? Well, not really.

According to the paper this morning, we are going to get 29 million of the 47 million taken care of, which means roughly 20 million left out. We can go into the details of who the 47 million are. As we do, we find out it is a very mixed bag of people who are just passing through that category, people who deliberately choose not to be there. If we are spending $1 trillion just to get to 29 million out of the 47 million, we are not getting a very good new car. We are not getting an improvement over what we have already.

Again, that $1 trillion could be spent in a much better and wiser way. If, indeed, we have an extra $1 trillion we can spend on health care—if, indeed, we do have an opportunity to buy a new car—this is the kind of thing we could get for the $1 trillion, if we said: All right, we have an extra $1 trillion lying around, let's put it in health care. We could double cancer research funding; we could provide treatment for every American whose diabetes or heart disease is going unmanaged; we could create a global immunization campaign to save millions of children's lives; and we would still have enough money left over to keep doing these programs for at least a decade and probably more.

That is what we could get for a new car in the form of health care reform, if we were willing to spend the trillion dollars on trying to improve people's health. Instead of trying to improve people's health, we are simply trying, through this bill, to keep the present system as it is.

I have heard my friends from the other side of the aisle say repeatedly: The present system is broken. The present system is not an acceptable alternative. The present system must be changed. I say: Hooray. I agree. I just wish the Baucus bill would deal with the present system. I just wish the Baucus bill would give us, in fact, a new car rather than simply replacing the old car with a duplicate of the old car that happens to cost an extra $1 trillion.

So I am hoping that as we move things forward, we can make some significant changes in it because at the present time what we have here is a program that would spend Federal cash for a clunker.

I yield the floor and suggest the absence of a quorum.

The ACTING PRESIDENT pro tempore. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

Ms. MIKULSKI. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

Ms. MIKULSKI. What is the pending order, Mr. President?

The ACTING PRESIDENT pro tempore. The Senate is in morning business for another 27 minutes.

HEALTH CARE REFORM

Ms. MIKULSKI. Thank you very much, Mr. President.

As the dean of the Democratic Women in the Senate, we wish to tell our colleagues and the American people that we want to join together as women of the Senate today to talk about the compelling issues facing the American people in terms of the need for health care reform. We are going to be speaking out and speaking up about the need for reform. I will be the wrap-up speaker.

In order to kick it off, I am going to yield—how much time does the Senator from Minnesota need?

Ms. KLOBUCHAR. I would say 5 minutes.

Ms. MIKULSKI. We have nine speakers.

Ms. KLOBUCHAR. I will need 3 minutes.

Ms. MIKULSKI. I yield 3 minutes to the Senator from Minnesota.

The ACTING PRESIDENT pro tempore. The Senator from Minnesota is recognized.

Ms. KLOBUCHAR. Mr. President, I rise today to talk about the importance of health care reform to the women of this country.

Let me tell my colleagues how I got interested in this issue. When my daughter was born, she was very sick. She couldn't swallow. She was in intensive care. They thought she had a tumor. It was a horrendous moment for our family. I was up all night in labor, up all day trying to figure out what was wrong with her, and they literally kicked me out of the hospital—my husband wheeled me out in a wheelchair after 24 hours—because at that point in our country's history, they had a rule; it was called driveby births. When a mom gave birth, she had to get kicked out of the hospital in 24 hours.

Well, I went to the legislature with a number of other moms and we said: Enough is enough. We got one of the first laws passed in the country, in the State of Minnesota, guaranteeing new moms and their babies a 48-hour hospital stay. My favorite moment of this was at the conference committee when there were a number of people who were trying to get the implementation of this bill delayed so it wouldn't take effect. I went there with six pregnant friends of mine. When the legislature said, when should this bill take effect, the pregnant women all raised their hands and said, ''now.'' That is what happened. That is what the women of America are saying today. They are saying, ''Now.'' They cannot keep having these escalating health care costs that are making it harder and harder for them to afford health care.

I always tell the people in my State to remember three numbers: 6, 12, and 24. About 10 years ago, the average family was paying $6,000 for their health insurance. Now they are paying something like $12,000, a lot of them paying even more; small businesses, even more. Ten years from now, they are going to be paying $24,000, if we don't do something to bend this cost curve.

Medicare is something that is so important for women in this country. It is going to go in the red by 2017.

One of the things that really bothers me about the current situation is this preexisting condition issue. I couldn't believe what I found out last week: In nine States and the District of Columbia, women who are victims of domestic abuse or who have been victims of domestic abuse can be denied health care coverage because domestic abuse can be considered a preexisting condition. So they get abused and then they can't even get the health care coverage to help them. Maternity, being pregnant—these things can all be preexisting conditions, and that is something we need to stop.

That is why I am so glad one of the major proposals in this reform is to do something about preexisting conditions. We also need to make sure preventive care—so important to women—things such as mammograms are covered in our health care plan.

Finally, one of the things I know the Senator from Maryland has been such a leader on is aging parents. People such as myself, we have kids of our own and then we also have aging parents. We are caught in what they call the sandwich generation: taking care of our own kids and making sure our parents get care at the same time. Predominantly, a lot of women are in this situation. That is why the CLASS Act, which Senator Kennedy proposed and which is in one of the health care proposals, which allows Americans to use pretax dollars to pay for their health insurance and their long-term care insurance is so important.

So I am glad for American women that we are moving forward on this health care reform.

Thank you very much, Mr. President. I yield the floor.

Ms. MIKULSKI. Mr. President, we thank the Senator for her advocacy to end this driveby delivery and other punitive practices.

I yield 3 minutes to the Senator from North Carolina.

The ACTING PRESIDENT pro tempore. The Senator from North Carolina.

Mrs. HAGAN. Mr. President, I am joining my colleagues on the floor today to talk about how health care reform will improve women's access to care.

I recently received an e-mail from a woman in Raleigh that truly underscores why women need health care reform in America. Julie wrote to me about her sister who was uninsured and waited years for a mammogram because she literally couldn't afford to pay for one. Then she found a lump in her breast. By the time the lump became a mass, Julie's sister finally got a mammogram and had to pay for it with cash. The mammogram confirmed what she suspected: She had breast cancer. But now that she had the diagnosis, she had no way to pay for the treatment. Julie's sister lost her battle with breast cancer this March. Like thousands of women across America, perhaps Julie's sister could have beaten this cancer if she had had access to affordable, preventive care and, after her diagnosis, access to either insurance or medical care to cover her cancer treatment. In this heartbreaking situation, Julie's sister was sick and stuck.

Unfortunately, I hear about such cases far too often. Inefficiencies and discriminatory practices in our health care system disproportionately affect women. In all but 12 States, insurance companies are allowed to charge women more than they charge men for coverage. The great irony here is that mothers, the people who care for us when we are sick, are penalized under our current system.

My daughter Carrie recently graduated from college and had to purchase her own health insurance. For no other reason than her gender, her insurance policies cost more than they do for my son Tilden.

Yesterday, a 23-year-old staffer in my office, a female from Fayetteville, shopped for health insurance on the individual market for the most basic, bestselling plan. It would cost her $235 a month; for a man of the same age, $88. That is 2½ times more expensive, close to $1,800 more per year.

Many women who have health insurance are still stuck. Insurance companies don't often cover key preventive services such as mammograms and pap smears. Often, the copays for these critical services can be out of reach for many women when they range as high as $60 a visit. More than half of all women, like Julie's sister, have reported delaying preventive screenings. Without insurance, mammograms cost well over $100.

In many cases, the difference between life and death is early detection. The Affordable Health Choices Act—which I worked with my colleagues on the Health, Education, Labor and Pensions Committee to craft—makes preventive care possible for women across America. It eliminates all copays and deductibles for recommended preventive services.

We are also stopping insurance companies from charging women more than men or using preexisting conditions as a reason to deny anyone health insurance.

The PRESIDING OFFICER (Mr. KIRK). The Senator's time has expired.

Mrs. HAGAN. I thank the Chair and yield the floor.

Ms. MIKULSKI. Mr. President, I now yield 3 minutes to the Senator from Michigan.

Ms. STABENOW. Mr. President, I thank the dean of the women in this Senate, Senator MIKULSKI, for bringing us all together on the Senate floor, and I join with my great colleagues from California and North Carolina and other colleagues who will be joining us